

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS

OFFICE OF THE STATE FIRE MARSHAL



AFFIDAVIT FOR EMPLOYEE QUALIFIER

I hereby certify and declare that I am a paid employee of the firm listed below and I live within 150 miles of the office for which I qualify:

	(Name of Fi	irm)	
Please place a	check on the left side of all the	he endorsement(s) th	at you qualify:
Fire Sprinkler	Pre-Engineered	Security	Bank Locking
Fire Alarm	Kitchen Suppression	☐ Household Fire	Special Locking
Fire Alarm (Non-required	Fire Extinguisher/Hoses	□ сст∨	Detention Locking
Fire Alarm (Owner)	■ DOT Hydrostatic Testing	Locksmith	Gate Systems
Fixed-Fire Suppression		☐ Door Hardware	Door HardwareConsultant
regularly reviewing the daily life employed as a qualifying emplo	ed firm. I will provide direct supervisors as fety and property protection actions actions. day of,	vity of the employees of th	
_	(Name of Qua	lifier)	
(Signature of Qualifier)			
(Name of Owner)		ner)	
_	(Owner's Signa	ature)	

OFFICE OF THE STATE FIRE MARSHAL, LICENSING SECTION 8181 INDEPENDENCE BLVD. BATON ROUGE, LA 70806 (225) 925-4911 1-800-256-5452 FAX 225-925-3699 www.lasfm.org